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FACSIMILE TRANSMISSION COVER SHEET

Date: February 23, 2004

To: Examiner Pizarro Crespo, Art Unit 2814
United States Patent and Trademark Office

Fax: (571) 273-1716

Re: Application Serial No.: 10/010,280
F&F LLP Docket No.: 0180163

From: Lori Lapidario, Paralegal

Number of pages including the cover sheet: 13

Message:

Enclosed please find the Amendment and Response to Final Office Action of November 29, 2002. Please note that we have enclosed the postcard stamped by the USPTO on February 19, 2003 which is when the Amendment and Response to Final Office Action that we filed on February 11, 2003 was received by the PTO.

Thank you.

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AMENDMENT COVER SHEETIN RE APPLICATION OF: Ogle, et al.SERIAL NO.: 10/010,280 FILED: December 5, 2001FOR: Pretreatment Of ONO Layer For Flash MemoryHONORABLE COMMISSIONER OF PATENTS AND TRADEMARKS
Washington, D.C. 20231

Sir:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.

☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	110.00	55.00	\$
SECOND MONTH AFTER TIME PERIOD SET	410.00	205.00	\$
THIRD MONTH AFTER TIME PERIOD SET	930.00	465.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,450.00	725.00	\$

☐ TOTAL EXTENSION FEE \$ _____

☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	22	MINUS **22	* = 0	x 18	x 9	\$
INDEPENDENT	8	MINUS ***8	* = 0	x 84	x 42	\$
First presentation of multiple dependent claim				+ 280	+ 140	\$

TOTAL FEE FOR EXTRA CLAIMS \$ _____

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180163

- ☐ Total fee for Supplemental Information Disclosure Statement \$ _____
- ☐ Enclosed is the total fee of \$ _____
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$ _____
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

2/11/03

By:

Michael Farjami, Reg. No. 38,135CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner of Patents and Trademarks, Washington, D.C. 20231, on:

2/11/03

Signature

Lori Llave

Typed or Printed Name of Person Mailing Paper and/or Fee

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